Step 1: Provide the following information

	Identification number (Social Security, Federal employer identification, or Illinois business tax number)	
Address	Account period ending	
City, State, Zip	Tax Type (Please check one.)	
() Daytime telephone number	Business Income Tax	
Daytime telephone number	Withholding Income Tax	

If we requested your signature, you may use the "Signature Declaration" below to provide it. Please sign and date the "Signature Declaration," and return it to us by fax or mail. Our fax number and mailing address are listed below.

If you **do not** provide us with a properly completed and signed "Signature Declaration," you may be assessed penalties and interest. For more information on penalties and interest, see Publication 103, Uniform Penalties and Interest.

Signature Declaration

Under penalties of perjury, I declare that I did examine the document I filed and that it, including any accompanying schedules and statements, was to the best of my knowledge and belief true, correct, and complete. I request that this document become a permanent part of my return.

Your signature	Date	Spouse's signature	Date
		(required only for a joint Individual Income Tax return)	

Illinois Department of Revenue Account Management Division PO Box 19041 Springfield, IL 62794-9041

217 524-9001 fax

If we requested your signature, please sign the "Signature Declaration" and return this page by fax or mail.

Do not use this form unless we requested a "Signature Declaration" from you.